
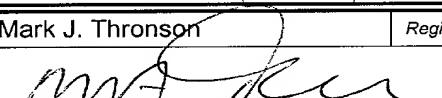


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PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032
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UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. N9450.0015/P015	
		First Inventor	Masaya Kojima
		Title	CAPILLARY ARRAY ELECTROPHORESIS, etc.
(Only for new nonprovisional applications under 37 CFR 1.53(b))		Express Mail Label No.	
APPLICATION ELEMENTS		ADDRESS TO:	
See MPEP chapter 600 concerning utility patent application contents.		Box Patent Application Commissioner for Patents Washington, DC 20231	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)	
3. <input checked="" type="checkbox"/> Specification [Total Pages 57] (preferred arrangement set forth below) <ul style="list-style-type: none">- Descriptive title of the invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure		a. <input type="checkbox"/> Computer Readable Form (CRF)	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 14]		b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper	
5. Oath or Declaration [Total Pages 1] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).		c. <input type="checkbox"/> Statements verifying identity of above copies	
6. <input type="checkbox"/> Application Data Sheet See 37 CFR 1.76		ACCOMPANYING APPLICATIONS PARTS	
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76 <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____ Prior application information: Examiner _____ Group / Art Unit: _____ For CONTINUATION or DIVISIONAL APPS only. The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.		9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
		10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney	
		11. <input type="checkbox"/> English Translation Document (if applicable)	
		12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations	
		13. <input type="checkbox"/> Preliminary Amendment	
		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
		15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
		16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i) Applicant must attach form PTO/SB/35 or its equivalent.	
		17. <input type="checkbox"/> Other: _____	
19. CORRESPONDENCE ADDRESS			
<input type="checkbox"/> Customer Number or Bar Code Label		or <input checked="" type="checkbox"/> Correspondence address below	
Name	DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP Mark J. Thronson		
Address	2101 L Street NW		
City	Washington	State	DC
Country	US	Zip Code	20037-1526
	Telephone	(202) 785-9700	Fax (202) 887-0689
Name (Print/Type)	Mark J. Thronson	Registration No. (Attorney/Agent)	33,082
Signature			Date May 10, 2001

FEE TRANSMITTAL for FY 2001				Complete if Known																																																																																																																																																																																									
<i>Patent fees are subject to annual revision.</i>				Application Number	Not Yet Assigned																																																																																																																																																																																								
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				Group Art Unit	N/A																																																																																																																																																																																								
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1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number: 04-1073 Deposit Account Name: <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		3. 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SUBMITTED BY Name (print/type) Mark J. Thronson Signature 		Complete (if applicable) Registration No. (Attorney/Agent) 33,082 Telephone (202) 775-4742 Date May 10, 2001																																																																																																																																																																																											